Workforce Session Summary

COVID-19 Communities of Practice

Workforce Session 1 July 2020

In March 2020 the Workforce Planning and Talent Development branch established a Workforce Operations Centre (WOC) to support the State Health Emergency Operations Centre (SHEOC)'s COVID-19 workforce response. The WOC has worked closely with Workplace Relations and the Nursing and Midwifery Office (NaMO) to respond to workforce challenges throughout the pandemic. This has involved working closely with the Clinical Advice team and providing advice on workforce issues escalated by the Clinical Communities of Practice (COPs).

As numerous workforce issues were being raised that were relevant across most COPs, the team identified an opportunity to hold an interactive session for the Community of Practice (COP) Clinical leads and Managers. The session was held on 1 July 2020 and key workforce issues that had been escalated over the past two months were included. The session was held from 4 to 5.30pm and had over 75 attendees.

Dr Roger Boyd – Director, State Scope of Clinical Practice Unit, facilitated the session for the WOC as an external clinical representative. Presenters from Workforce Planning and Talent Development, Workplace Relations and Public Health addressed key issues escalated previously through the COPs and responded to questions raised in the session.

The topics covered at the session included:

This document contains a summary of the advice provided, responses to queries raised in the session and links to relevant documents and additional information. This advice was correct as at 1 July and is subject to change based on pandemic requirements.

If you have any queries about this session please contact the WOC COVID-19 response team at MOH-WPTDWorkforceResponse@health.nsw.gov.au

Social distancing and staff segregation in the workplace

This item was presented by **Dr Jan Fizzell** – Senior Medical Advisor, COVID-19 Response Team.

How do health professionals maintain social distancing in the workplace?

- Despite our current success with containing the virus in NSW, health staff need to remain vigilant in practicing COVID safe behaviours in our health and outreach facilities
- Under the current Public Health Gathering and Movement Order, Health facilities are exempt from the four square meter rule. However, the community are looking to health professionals to model the appropriate physical distancing behaviours
- We need to maintain COVID safe behaviours and model how we want the community to act
- Services should continue to use telehealth models where this is a viable option
- As far as is possible staff should implement physical distancing in the workplace
- Floor markings should be used where possible to encourage physical distancing
- We need to maintain physical distancing in waiting rooms so that people feel safe coming in.

What language can we use to encourage others to maintain COVID safe, physical distancing behaviours?

- Public Health have developed a communications pack containing suggested language for health professionals to use
- Suggested phrases include: “we’d like to protect you” and “we really need to keep everyone safe” and “could you please give me the space to work.”
- Public Health will consider adding some phrases specific to situations in people homes as this was raised by the group as needing specific guidance.

The NSW government has developed advice packages for social distances in some workplaces but there are none for health. Could we adapt one for health?

- The NSW government resources can be found here and here
- The Public Health team are following up this suggestion.

Tea rooms, education rooms and other shared spaces are a challenge, how can we address this?

- This is real challenge in our facilities as a lot of room is dedicated to patients and there isn’t a lot of space for staff
- Staff can check how many people are already in a space before going in
- Staff should be careful with hand hygiene and wiping down desks, particularly in a hot desk environment and in shared spaces like tea rooms
- If possible, consider going outside instead of into the tearoom (where this is possible and appropriate)
- Staff should try and physically distance wherever practical
- Use the phrases highlighted above to encourage others to physically distance.

Are there specific issues with young children? Could you explain when a parent and child is considered one unit? Should young children be excluded as a visitor to hospitals?

- In early childhood centres NSW Health are counting the number of adults in the space, not including children because children have shown to not transmit the virus very effectively (noting that it doesn’t mean this can’t happen, it is just very uncommon)
- As such, children (particularly those under 5) are counted with their parent as one number
- When young children are visiting a hospital, it is important to make sure the child is under control, because if a young child breaks away from their parents the adult has to follow, they may be moving around in more shared spaces
- Noting that it is hard to assess at screening if a child is under control or not, this is the main risk in allowing young children in hospitals.

Are queue floor stickers widely available?

- Public Health can follow this up with their Communication team if this is something of broader interest, however, it was noted that a lot of facilities have local strategies in place for this.

Not enough workspaces are set up for videoconferencing so team meetings are difficult - webcams (fairly) have gone to clinics, what can we do about this?

- Work with management to consider other technologies that can be used (e.g. work mobiles etc.)
- Consider what needs to be discussed vs what can be addressed by email.

In healthcare settings we often have a large number of staff based in open plan office areas. These do not tend to meet the four square metre rules. Are we able to return staff to these offices or should they continue to work from elsewhere to maintain distancing? How does it work in terms of clinical staff in shared office space? Several of our staff see our well patients and then return to small office in a hotdesking environment or where desks are closer than recommended to type notes. What is the best practice in terms of running clinics?

- As noted above offices within health facilities are exempt from the four square meter rule but we do need to try and maintain physical distancing in these spaces as much as is practicable. Further guidance is available here**.**

Teams isolate at work then can meet at groups at the pub in the evening, what can we do about this?

- It is not possible to control people's behaviours outside of work. All we can do is explain to them why we have separated teams in the workplace and reinforce the impact of not being able to run a service if a whole team had to be put in isolation, particularly for those who are in a highly specialist area.

If we do return people to offices under the four meter rule, how does this protect staff who might be vulnerable and need that rule enforced?

- The current Ministry COVID-19 Work Health and Safety Advice dated 9 June 2020 provides extensive advice about ensuring NSW Health workplaces are COVID-Safe; including specific advice on office environments
- It should also be noted that the current public health order still says that people should work from home if practicable.

Does the four metre square meter rule apply to patients participating in gym sessions at NSW Health facilities?

- Follow the relevant NSW Health advice on Sports, Recreation and Gyms here.

If you have any queries about this information, please contact **13 77 88** in the first instance.

Travel restrictions, medical recruitment and visas

This item was presented by **Deborah Frew** – Director, Workforce Strategy and Culture and **Dr Linda MacPherson** – Medical Advisor, Workforce Planning and Talent Development.

Assistant in Medicine (AiM) position

- The AiM position has been created as part of the NSW Health workforce surge approach. It was developed in collaboration with the universities and will be filled by final year medical students
- Although the immediate COVID crisis seems to have passed, we are still rolling out to the position to pilot and evaluate the role in case it is required in the future
- These final year medical students will be paid employees, but will not be registered health practitioners so as such will have no provider or prescriber number
- They will assist with patient admissions, discharge summaries and simple procedures – under the supervision of senior doctors
- Further advice is available in an FAQ attached at **TAB A** of this document
- AiMs are employed by the health service and can work a maximum of 32 hours per week. It is up to the health service to determine the contracted hours.
- As they are employees, they will be indemnified by treasury managed fund
- The Ministry of Health (the Ministry) will evaluate the effectiveness of the position. We will also consider evaluating if there have been improvements to the work readiness of students who were employed as AiMs
- The Ministry have provided funding for a Director of AiM position, in each facility with AiMs.

Who funds the AiMS after the trial?

- This role has been established as part of the COVID response and at this stage there are no plans for it to be an ongoing role

- An evaluation of the AiM role is being undertaken to see how effective it has been and if it has any utility as an ongoing role beyond the pandemic.

Do AiMs have training to order ionising radiation procedures?

- Each LHD/N is providing an orientation program for AiMs. Training in ordering of investigations may be covered in orientation but will be a local decision and approach.

Visas for medical professionals and travel exemptions

- NSW Health has an ongoing reliance on International Medical Graduates to fill positions, and that current travel restrictions have made this challenging
- The Ministry meets fortnightly with the LHD/N Executive Directors of Medical Services (DMS) and that any Visa issues or problems getting doctors in from overseas should be raised with your Executive DMS
- The Ministry have also met with Home Affairs who have advised that Visas for medical practitioners are being prioritised and processed but that it should be noted that issues can also occur at country of origin due to COVID
- Once a person has a Visa, they need to follow the process to apply for exemptions to travel. The Executive DMS group has the most current information on how to do this.

Junior Medical Officer (JMO) recruitment

- There was initial consideration around a need to defer JMO recruitment for the 2021 clinical year. However, due to the decrease in COVID cases, recruitment will occur in within the usual timeline with some minor modifications
- JMO managers and DMS have information on the processes involved including information on the use of face to face vs videoconferencing for interviews
- Most colleges are progressing with their own processes for selection into training. Some will be occurring later than usual which will impact on our recruitment. We are working through the impacts of this and providing information to managers and DMS as it becomes available
- Due to delays to travel some JMOs may not be able to start their JMO contract on the intended date. Workplace Relations have advised that contracts can be amended or terminated by the LHD in these circumstances, but discretion needs to be exercised in line with the circumstances.

One of the challenges will be that with recruitment we (medical oncology) normally gets 50 applications for NSW. When exam results come through, we cull 10 and then we end up interviewing 35 for 25 positions. There could be a lot of displaced registrars.

- We will have this issue in numerous specialities, due to disruptions to the clinical training pipeline. We are working with the colleges on this, and as we progress through recruitment we will review where the pipeline is stuck and make contingency plans. Registrars will not be displaced, in the sense that they will not lose their jobs if their progress in training is delayed because of college decisions around COVID-19, but progression through training is not entirely within our control.

Does the state know how many doctors are here on Visas and in what clinical areas? How many are likely to be needed for 2021?

- The Ministry have provided indicative numbers to the Commonwealth to help them plan for processing. However, there is no exact data on clinical areas. But with the JMOs we are planning for known areas of vulnerability such as Critical Care and Emergency Medicine
- The Ministry are looking at options to extend current JMO contracts in areas where we know there will be vacancies. Critical Care (including NICU) and Emergency Medicine have been identified as particular areas of vulnerability for overseas. We are looking at extending current JMO contacts in those areas.

Is there any modelling that could be done around that issue?

- College decisions on training are still ongoing, so it is hard to model when we are still unsure how each of the colleges will move trainees on, or not. We can keep you informed.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Training and Upskilling

This item was presented by **Anne Robertson** – Manager, Nursing and Midwifery Office (NaMO) and **Nicola Clemens** – Acting Principal Allied Health Advisor, Workforce Planning and Talent Development.

Nursing upskilling strategies

- Early in the COVID response, NaMO identified a need for more appropriately trained staff in Intensive Care and undertook a state-wide piece of work to upskill registered nurses who already had some background in Critical Care to be ready to step in if needed
- 2300+ registered nurses have undertaken Intensive Care upskilling in their districts
- Several online education options have also become available
- The Commonwealth Government supported places in an online ICU education course to enable more registered nurses to assist in the delivery of care in intensive care and high dependency units. There are no longer Commonwealth supported places, but the education tool is still available – this can be accessed at the MedCast Surge Critical Care link
- The Australian College of Critical Care Nursing has also developed an online resource Core Critical Care Nursing designed for nurses as a rapid introduction to Critical Care which can be accessed here
- As the COVID curve has flatted, the new question is around how we ensure these nurses maintain their skills going forward – NaMO is working with the LHD Directors of Nursing to develop strategies to support this (e.g. simulation or working a day a month in ICU)
- NaMO is also working with the Rostering Best Practice Team and eHealth to quickly identify these nurses in the system by adding the COVID-19 Skills ICU Support and ICU Reserve codes into Health Roster. This will assist in identifying these nurses and support surge capacity planning.

Allied Health upskilling

- Allied Health training has focussed on physiotherapists in the ICU space. In March we ran a two-day virtual training course with HETI and Australian Physiotherapy Association and 350 physiotherapists participated. Since then 867 physiotherapists employed by NSW Health have also done this training, which is available on My Health Learning – Login to My Health Learning here and search "physiotherapy virtual" to find the training
- The physiotherapy training is also available to non-NSW Health physiotherapists via HETI Moodle
- Training does not equate to competencies – so this upskilling also needs to be driven locally on site in the ICU
- The Directors of Allied Health and state advisory committees have indicated that LHDs have been rotating Physiotherapists through the ICU to support skill maintenance
- We are also identifying skill sets in Health Roster reporting so that in the event of a surge we can quickly identify the skilled staff and roster them on as required
- A COVID staffing enhancement was given to all LHDs for Physiotherapists and other Allied Health for April to December 2020. The intent of this funding was to support the Allied Health COVID response with ICU as a priority but considering also bed flow, improving hospital efficiency and supporting hospital avoidance
- Unlike AiMs, Allied Health Assistants (AHAs) are an established workforce group, however, to support the COVID response final year allied health students can now also be recruited as AHAs
- The Ministry has also developed time critical Allied Health service guidelines **– attached at TAB B.** These identify which Allied Health services must continue and which can be put on hold. This will help districts to identify staff that could possibly be redeployed in the event of a surge
- Clinical placements should be supported to continue where possible, especially for final year students to support the continuation of the training pipeline.

Are there guidelines for training sessions which are required to involve real patients e.g. ultrasound training? E.g. testing patients for COVID before, wearing masks?

- This would be a local decision, based on a risk assessment and application of relevant guidelines around physical distancing etc.
- Similar issues have been experienced with questions around allowing student midwives to participate in continuity of care activities (which are required for registration) – we have mostly taken the position that we need to support that training pipeline to continue and that if we follow the appropriate PPE processes, there shouldn't be increased risk.

Some of the challenges with maintaining student placements relates to complying with physical distancing in the workplace and also changes to models of care with reduced capacity for groups has been difficult. Many student placements have not gone ahead because of the distancing measures e.g. in outpatient and community placements, how should LHD/SHNs apply the measures for students?

- It was noted that this is an issue for a range of professions and universities are struggling with some placements due to the different interpretations of the distancing measures.
- Current advice on COVID-19 and clinical placements is available here.

From Pharmacy's perspective there is a significant lack of critical care pharmacist expertise especially in Rural LHDs. There's limited ability to upskill and train backup workforce and a casual hospital pharmacist workforce generally doesn't exist.

- Workforce surge planning in collaboration with the LHD/Ns is ongoing. This will include approaches to identify critical, and high-risk workforces. Note also information below regarding work in progress to identify specific strategies for rural and regional areas.

Is there advice on viewings in mortuaries when the space is less than four square metres?

- Public Health advice is to reduce the number of people in the room at any one time, explaining why this is necessary.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Redeployment of staff between LHD/s

This item was presented by **Deborah Frew** – Director, Workforce Strategy and Culture and **Matthew Pearson** – COVID-19 Workplace Relations Liaison Lead and Principal Work Health and Safety Advisor.

Redeployment of medical staff

- Written advice has been provided on redeployment of junior and senior medical staff and credentialing has now been provided to LHD/SN executive DMSs and the clinical CoPs. It is also attached at **TAB C** of this document
- The advice covers:
    - redeploying within an LHD to a different clinical role
    - Redeploying to other LHDs
    - Managing credentialing for senior medical staff in these situations
    - TMF coverage;
    - Medical Boards advice on working outside scope of practice
- The advice confirms that where employed practitioners are deployed by their employer, TMF coverage continues during the redeployment
- Staff expressions of interest to assist by redeploying to Melbourne were requested recently, this is a developing situation and further advice will be provided as it becomes available.

Locum arrangements

- Executive DMS have considered the need to continue to allow secondary appointments so that staff can continue to assist rural LHDs. There has been general agreement to co-operate on this issue and there have been no written directives about secondary employment for doctors (the usual policy and award provisions apply).

Fly in Fly Out (FIFO) workforce

- Any specific questions should be directed to your Executive DMS
- Government Relations has been working with LHDs on FIFO issues such as Broken Hill and South Australia for example
- We have identified, through COVID, that we do not have much visibility of the use of FIFO workforce and are doing a piece of work to get a better understanding of the use and origin of that workforce.

Will outreach teams to rural be ready to go and support a site with key Critical Care staff? It was also noted that would be relevant for: some allied health services (particularly pharmacy and potentially radiography), non-clinical staff redeployment, perioperative teams and highly specialised workforces (e.g. Burn Injury, SCI) where the workforce is small but needs to be able to mobilise through both units if the need arises (e.g. one unit needs to isolate).

- There is work in progress on this issue. Further information will be provided when available.

Is there a plan to identify areas of workforce stress before they call for help? Local COVID prevalence and spread or workforce capacity may be relevant.

- Workforce surge planning is ongoing in collaboration with the LHD/Ns. This will include a focus on potential workforce trigger points for escalation to meet clinical service demand or requirements.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Mental Health and Wellbeing

This item was presented by **Deborah Frew** – Director, Workforce Strategy and Culture.

Mental Health and wellbeing initiatives available to health staff

- It was noted that there are many good local initiatives which you could find out through your LHD or facility
- A new support line called COVID connexion (for staff, their carers and families) - NSW Health employees can contact COVID Connexion for trusted and confidential advice on 1300 509 989.
- ACI has good resources on their Pandemic Kindness website
- HETI resources on Leading in uncertain times
- SHIFT – a wellbeing App for JMOs is available until 4th August
- The Workforce branch has established a working group with Pillar representatives and the Mental Health branch where there have been discussions on how to use COVID to gather evidence for effective wellbeing initiatives. Currently there is a lack of peer reviewed evidence around the efficacy of interventions like helplines. The group will facilitate the sharing of any published research.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Returning to work, vulnerable staff and leave management

This item was presented by **Matthew Pearson** – COVID-19 Workplace Relations Liaison Lead and Principal Work Health and Safety Advisor.

- The most current Workplace Relations advice on all issues can be found on the Workforce COVID-19 Info Page
- Work Health and Safety Advice on COVID-Safe Workplaces can be found on pages 8-18 of this document
- Guidance for isolation (suspected, confirmed, close contacts etc) can be found in the Isolation Guide and Isolation Fact Sheet
- Isolation guidance for staff who are a confirmed contact can be found here
- Returning to the workplace after testing positive – advice on release for isolation is available here, however, ultimately, staff need to test negative in order to return to the workplace
- Information on accommodation for health staff can be found here
- Information on vulnerable workers can be found here. It was noted that new advice around vulnerable workers will be coming shortly and will be accessible via the Workforce COVID-19 Info Page.

Can you confirm the protocol for districts which may have staff moving between NSW and Victoria (or just Melbourne)?

- Advice was provided at the time of the meeting; however, the situation was still developing
- Workplace Relations issued updated advice on 10, 13, 14 &16 July 2020; covering the Victorian COVID-19 impact on NSW Health Workforce as relating to staff returning from Victoria; VIC-NSW border town staff and NSW COVID-19 hotspots
- Updated advice for health professionals as of 16 July is available here.

Any queries about this information please contact MOH-WorkplaceRelationsCOVID-19@health.nsw.gov.au

Ongoing workforce surge planning

This item was presented by **Brian Shimadry** – Director, Workforce Planning and Performance and COVID-19 Workforce Operations Lead.

- It was highlighted and acknowledged that the Aboriginal Workforce Team have done some extensive ongoing work throughout the COVID period, working closely with the LHD/N Managers of Aboriginal Workforce
- A summary of **surge discussions and approaches** to date was outlined:
  - From March the initial focus was looking at potential surge requirements if Australia was to be impacted similarly to Italy, Spain or China
  - There was significant media coverage and people were frightened about potential outcomes
  - ICU was identified as a key risk early on and the ICU COP has played an important role in this space
  - The Intensive Care approach remains a high priority with Premier and Minister, including the Premier's commitment to quadruple ICU capacity. A number of initial engagements with the LHDs were focussed on bed capacity, equipment and workforce and this is ongoing
  - Workforce planning for catastrophic surge has been occurring – working closely with the Nursing and Midwifery Office and Workplace Relations
- The **areas of focus for workforce surge planning** moving forward were also outlined:
  - There is a focus on understanding what we have learnt from this and from the bushfire emergency response and using these learnings to move forward in planning discussions with COPS and other LHD groups
  - We are planning further engagement with the LHD/Ns on planning for workforce surge and identifying trigger and tipping points. These sessions will include the broader workforce community such as Medical, Allied Health, Nursing and Workforce Directors as well as relevant clinical representatives
  - The focus should be beyond acute care – considering community care, palliative care, mental health and their workforce requirements
  - The next phase will also include looking at deployment of staff especially to rural regional areas if required. Considering also: non-clinical staff, payroll processes, wellbeing, family considerations
  - A key learning through surge planning discussions has been a closer workforce planning connection with clinicians and COPS to support more tactical workforce decisions and approaches – this will continue.
- **Themes from the Bendelta workforce session** were also highlighted:
  - Governance
  - Impacts of workforce requirements on rural, regional and remote (a BAU issue heightened through COVID)
  - Innovative ways of thinking and models (e.g. AiMs and telehealth)
  - Infrastructure challenges and workforce requirements, in addition to potential new infrastructure considerations post-pandemic
  - Staff wellbeing
  - Skills
  - Rostering
  - Recruitment
  - Finance, funding and distribution.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Other queries

It was flagged that the issues discussed this afternoon could translate into future plans for disaster management

- Workforce surge planning is ongoing in collaboration with the LHD/Ns. This will include a focus on potential workforce trigger points for escalation to meet clinical service demand or requirements. There are opportunities to take lessons learned from both the COVID-19 and bushfire emergency responses and consider these as part of the ongoing planning.

Much of the guidance this afternoon has focused on the current state - has there been much thought around the criteria for relaxing the current arrangements in healthcare facilities? Under what criteria/conditions would we be able to consider a return to normal?

- From a workforce perspective – In NSW we need to take every opportunity to plan and prepare for all eventualities, and monitor the number of cases, particularly those acquired in the community and requiring ICU admissions

- It is important to consider a return to normal, will be a return to COVID normal, in which hygiene, physical distancing and ongoing testing remain important
- In the meantime work with your clinical groups – the risk has not passed. It is important to be vigilant in all settings, including the community and the workplace.

Any queries about this information please contact MOH-WorkforceResponse@health.nsw.gov.au

Additional information

The below links contain other information that may be of interest:

- NSW Health COVID-19 webpage
- COVID-19 Critical Intelligence Unit Daily Evidence Digest
- NSW Health Clinical Communities of Practice

Also attached:

TAB A – Assistant in Medicine: Frequently Asked Questions

TAB B – (1) Allied Health Time Critical Adult Services and (2) Allied Health Time Critical Paediatric Services

TAB C – COVID-19 REDEPLOYMENT OF THE MEDICAL WORKFORCE: Credentialing and scope of clinical practice guidance for the COVID-19 surge medical workforce